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ABSTRACT

This final report discusses the activities and outcomes of a multi-site, multi-state outreach training project that used information generated from a proven model of exemplary practices previously funded by an early childhood education model demonstration program. The outreach training and technical assistance was developed in conjunction with early intervention/early childhood special education coordinators to ensure that regional and state needs were addressed and met. When possible, family members were also involved in the development of needs statements that guided and directed the outreach training and technical assistance that was provided. The seven training sites (Oregon, Louisiana, Washington, Pennsylvania, Indiana, Nevada, and Alaska) were able to choose from a menu of topics (e.g., curriculum-based assessment, development of functional Individualized Family Service Plans, involvement of families in assessment, naturalistic approaches to early intervention) and how they would like the training delivered. Participant sites were encouraged to adopt a "train-the-trainer" approach and were asked to send a representative to the initial training who could provide training to personnel located at individual sites. Evaluation data indicated most participants found the information presented useful to them and felt ready to use the information. The report describes the conceptual framework of the project, training activities, and evaluation measures and findings. (Contains 13 references.) (CR)

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# CREATING SYSTEMS CHANGE TO IMPROVE SERVICES TO YOUNG CHILDREN WITH DISABILITIES

## FINAL REPORT

US Department of Education
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## II. ABSTRACT

Creating Systems Change to Improve Services to

Young Children with Disabilities: An Outreach Training Project

This project was conceived as a multi-site, multi-state outreach training project that proposed to use information generated from a proven model of exemplary practices previously funded by an EEPCD Model Demonstration Program. The outreach training and technical assistance was developed in conjunction with Part B and C coordinators and/or regional early intervention/early childhood special education coordinators to assure that regional/state needs were addressed and met. When possible, family members were also involved in the development of needs statements that guided and directed the outreach training and technical assistance that was provided.

Training sites were able to choose from a menu of topics (e.g., curriculum-based assessment, development of functional IFSPs, involvement of families in assessment, naturalistic approaches to EI) and how they would like the training delivered (e.g., length of initial training, follow-up visits, type of materials to be used). Participating sites were encouraged to adopt a "train-the-trainer" approach, and therefore were asked to send a representative to the initial training who could, in turn, provide training and assistance to personnel located at individual sites.

While training content and strategies were developed to meet site/region/state needs, the general procedure was composed of four phases. Phase One, recruiting and planning, entailed extensive conversations with state coordinators to determine state training needs and priorities.

Phase Two, training, provided information, skill training and support at two levels. First, project staff provided participants with state-of-the-art information on the identified training priorities. Second, sites participating in the train-the-trainers model, received support and skill level development to prepare stakeholder trainers to provide training for designated site/region trainees on similar content.

Phase Three, follow-up, entailed providing follow-up training to site/region trainees and stakeholder trainers. Options for follow-up training included: (a) providing additional technical assistance in areas originally identified as training objectives, (b) providing train-the-trainer resources and support to stakeholder trainers as they provided training to personnel in their sites/regions, (c) providing follow-up as needed to develop a system for identifying future training needs, and (d) accessing future training resources and evaluating training outcomes in order to maintain state-of-the-art change in the delivery of services.

Phase Four, summative evaluation and dissemination, entailed evaluation of the project's trainings and dissemination of findings. In addition to providing training and technical assistance, the project developed a set of training materials for three purposes: 1) to augment project training, 2) to distribute to stakeholder trainers, and 3) to share with sites/regions/states who did not participate directly in the outreach training. Evaluation of all project components was conducted using both formative and summative strategies.

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## IV. GOALS AND OBJECTIVES OF THE PROJECT

The project contained two overarching goals. First, training would be provided to Stakeholder Trainers and Site/Region Trainees, which was intended to directly impact the quality of services to children with disabilities and their families. Second, the project was designed to provide continuous and long-term impact through a systems level change in one or more of the three training areas: 1) linking assessment, intervention and evaluation program components, 2) employing a naturalistic approach to intervention, and 3) family involvement.

To impact the quality of services to children with disabilities and their families and provide long-term impact through systems level change, five objectives were identified.

Objective 1: Assist state, regional and program personnel including parents in the identification of needs and the development of a Collaborative Training Plan to systematically meet those needs.

Objective 2: Provide information, skill training and support to selected personnel, including administrators, parents, supervisors and lead teachers, to prepare them to serve as Stakeholder Trainers for other designated trainees throughout their states/regions -- a train-the-trainers model.

Objective 3. Assist trainers in developing a culture at designated training sites to facilitate and maintain state of the art change in the delivery of services to young children with disabilities and their families.

Objective 4: Develop an associated set of training materials designed for the adult learner to augment their delivery of training content and technical assistance.

Objective 5: To evaluate training/technical assistance outcomes on: a) Stakeholder Trainers who participate in direct training and who receive technical assistance and, b) Site/Region Trainees who receive training.

## V. CONCEPTUAL FRAMEWORK FOR THE PROJECT

Since the initiation of early intervention/early childhood special education (EI/ECSE) programs in the late 1960's to early 1970's, significant progress has been made in providing services to infants and young children with disabilities and their families (Bricker, Frontczak & McComas, 1998). EI/ECSE programs assist in offsetting the potentially negative impact of medical, biological, and environmental conditions associated with developmental disabilities and poor caregiving (Guralnick, 1997; Meisels & Shonkoff, 1990; Ramey & Ramey, 1992). While educational, medical and social service personnel have reason to be proud of the services currently delivered to participating children and families, challenges still remain. Even with obvious progress in the quality of programs, further improvement of intervention services offered to infants and children clearly remains an important goal (Diamond, Hestenes & O'Connor, 1994). The project titled Creating Systems Change to Improve Services to Young Children with Disabilities addressed three systems-level changes felt to be fundamental to the improvement of intervention services offered in EI/ECSE programs. The first systems change was the adoption and implementation by service delivery systems in targeted states of approaches to EI/ECSE that directly link assessment, intervention and evaluation. The sensible linking of the assessment, intervention and evaluation processes was felt to do much to improve the effectiveness and efficiency of current service (Bricker, in press (a); Bagnato, Neisworth, & Munson, 1989; Hutinger, 1988).

A second systems change addressed by this project was the adoption and implementation of naturalistic approaches to intervention which embed training on IFSP goals and objectives into children's and families' daily activities (Bricker, Frontczak &

McComas, 1998; Kaiser, Yoder & Keetz, 1992; Wolery, Werts & Holcombe, 1994). This approach helps children develop skills and information that are functional, meaningful and useful which results in growth in problem solving and communication skills. In addition, naturalistic approaches can lend themselves well to the integration of children with disabilities into community-based programs (Bricker, Frontczak & McComas, 1998).

A third systems change addressed by this project was the adoption of specific strategies for the meaningful inclusion of caregivers in the assessment, IFSP development, intervention, and evaluation processes. The field has long given lip service to the involvement of families (Slentz & Bricker, 1992; Walker & Singer, 1993) but has done poorly in actually getting a broad range of family members involved in assessment, intervention and evaluation (Brown, Thurman, & Pearl, 1993). Specific and concrete strategies for family involvement are important systems changes that will likely do much to improve the quality of intervention services (Bricker, 1996).

These three systems changes -- linking assessment, intervention and evaluation; adopting a naturalistic approach to intervention; and the meaningful inclusion of families -- provide the substance and content for this outreach training project and was derived in large measure from our previous work on an Early Education Program for Children with Disabilities (EEPCD) model program.

In 1991 the Early Intervention Program, Center on Human Development, University of Oregon was awarded a EEPCD model demonstration grant. The major goal of the project was to examine the feasibility and effectiveness of using a naturalistic approach to intervention, called activity-based intervention, which links assessment,

intervention and evaluation, and involves families. During the first two years of the project, the approach was used at three community-based sites. During the final three years the approach was studied at seven replication classrooms.

During Years One and Two the project was conducted at three community-based early intervention programs that served approximately 35 to 40 children per year ranging in age from 18 to 48 months who were at risk and disabled. A range of evaluation information was collected at these three sites and addressed three major targets: Description of selected features of the sample population and classroom environments; determination of the feasibility of using the approach with participating children and families; and determination of the effectiveness of using the approach on participating children.

The demographic data provide evidence that the activity-based intervention approach was employed in the three different settings which served different populations of children and families. The data from this model demonstration project suggested that features of the activity-based approach were used frequently in the classrooms and that the approach is feasible to use during child-initiated, routine and planned activities.

Based on standardized and criterion-referenced measures, the index of change and residual change scores indicated that children across sites made their greatest gains in targeted areas (i.e., IFSP goals) as compared to non-targeted areas. The data indicated that children made significant improvements from pretest to posttest on the criterion-referenced measure during both years. Finally, utility questionnaire data show

that parents and intervention staff rated the importance and utility of the activity-based approach high.

Prior to approval for Year Three, the project was reviewed by an independent third party site team. The team concluded that the project had provided strong evidence of the effectiveness of the activity-based approach and should be approved for the replication phase of the project.

Findings from the seven replication classrooms supported the outcomes from Years One and Two. Specifically, children made significant developmental progress, and teachers and parents found the activity-based approach feasible and useful.

The evaluation outcomes from this demonstration project as well as the vast array of experiential knowledge we have accumulated provided us an excellent base to offer the outreach training proposed in this outreach project.

## VI. TRAINING MODEL, ADOPTION SITES, AND TRAINING ACTIVITIES

### A. Training Model

The model for the project was composed of three major components: Linking assessment, intervention and evaluation; adopting a naturalistic approach to intervention that embeds training into children's daily activities; and meaningful inclusion of families. The three target groups of participants included: Part B and Part C Coordinators, Stakeholder Trainers, and Site/Region Trainees. The focus was to assist designated trainers in effecting systems level changes in their state, region and programs. When possible, a train-the-trainer model was employed in order to maximize the training impact. Training and follow-up support was offered to individual site trainers and site/region trainees to ensure necessary systems level change.

The outreach training consisted of four general phases: 1) Recruitment and Planning; 2) Training for Site/Regional Trainees and Stakeholder Trainers; 3) Follow-Up for Site/Regional Trainees and Stakeholder Trainers; and 4) Evaluation and Dissemination.

Phase One: Recruitment and Planning: The overall goal of the recruitment and planning phase was to assist state and regional level personnel to identify needs and to develop a plan for training and technical assistance to meet those needs. The intent of state level involvement and coordination was to facilitate systems level change in the quality of service delivery to young children and families. Part C and Part B coordinators were contacted to identify training needs and participants. Program directors, families, and lead teachers were included in this initial planning phase when suggested as appropriate by Part C and Part B personnel. Informal interviews,

telephone conferences, and electronic mail communications assisted the Project Coordinator in planning for training. Tasks completed by the Part B and Part C coordinators included: completion of a State Demographic Form, review of State-Wide Needs Assessment, selection of participating Sites/Regions and Stakeholder Trainers, and creation of the Collaborative Training Plan.

State-level information provided general guidelines for planning in order to focus training on identified state needs. Each state's unique characteristics for implementation of EI/ECSE services influenced the training content and the future implementation of the component model. The State Demographic Form is found in Appendix A.

State-wide needs assessments available from targeted states were reviewed by the Project Coordinator. Review of the state-wide needs assessment and discussion focused on training needs with state level personnel which guided the identification and selection of specific training sites and when possible Stakeholder Trainers. In order for a train-the-trainers model to be effective in changing service delivery systems, the intent was for each state to identify an appropriate group of trainers, called Stakeholder Trainers. Stakeholder Trainers included administrators, family members and others who might influence future and sustained implementation of the model.

Once Sites/Regions were selected to participate in the training and when possible Stakeholder Trainers identified, the Project Coordinator administered Site/Region Trainee Needs Assessment and/or the Stakeholder Trainer Needs Assessment to guide the development of the Collaborative Training Plan (CTP).

The CTP, which is similar to an Individualized Education Family Services Plan/Individualized Education Plan, was used throughout the project to monitor progress toward training objectives, to modify training or follow-up as needed to meet objectives, and to provide summative information concerning the impact of the project. The CTP included specific information concerning the training content, method of training, timelines, outcomes and training objectives/activities. A CTP form is contained in Appendix A.

Phase 2: Training for Region/Site Trainees and Stakeholder Trainers. The project provided individualized training to a total of seven states. Training included two major focus areas: 1) Instructional content specified and guided by the Collaborative Training Plan, and 2) Instructional strategies for training others (i.e., Site/Region Trainees) on similar content. Multiple training materials including handouts, overheads, videotapes, and training modules were designed for the adult learner to augment direct delivery of training by the Project Liaison/Trainer and Stakeholder Trainers.

Region/Site Trainees and Stakeholder Trainers could choose among three components of the training model: Linking Assessment, Intervention and Evaluation, Naturalistic Approach to Intervention, and Family Involvement. Within each core component, the Region/Site Trainees and Stakeholder Trainers selected from a menu of training options topics to be included during their training. In addition, Region/Site Trainees and Stakeholder Trainers selected the method of instruction (e.g., lecture format, discussion, cooperative learning techniques, videotape) based on materials developed for the project. The Stakeholder Trainers received training on skills for effective training of new Site/Region Trainees, in addition to topics within the

components. Table 1 indicates the model training components and a menu of training options associated with each one.

After specific training objectives were identified and instructional components and individual topics selected, the project staff refined and developed training materials for each site. A goal of the project was to provide useful and pertinent training in the format selected by each site. Individualization of training will help ensure successful future trainings by Stakeholder Trainers to Site/Region Trainees.

Following training, formative evaluation procedures were conducted at each site to determine if needs had been addressed. The CTP was reviewed in order to determine if original objectives had been achieved. Revision of the CTP by modifying or adding new objectives occurred when necessary to assist in long term implementation of the model. Follow-up site visits were scheduled as necessary to address modified objectives. States contributed additional monetary support for follow-up visits when federal dollars were not available and multiple site visits were necessary to fully implement systems level change.

In addition, training recipients completed a Training Satisfaction Survey and Self Rating Questionnaire. The satisfaction survey was used by the Project Liaison/Trainer to plan and improve future trainings. The Self Rating Questionnaire identified the level of knowledge and readiness of the Region/Site Trainees and Stakeholder Trainers to meet their training outcomes.

Phase Three: Follow-Up for Site/Region Trainees. Planning for follow-up activities began immediately following training of the Region/Site Trainees and Stakeholder Trainers. The CTP was reviewed to determine if follow-up and support was

Table 1. Menu of Training Options

| Component 1:<br>Linking Assessment, Evaluation, and Intervention |
|---|
| Linked System Approach |
| Categories of Assessment<br>(Screening, Eligibility, Programming) |
| Assessment, Evaluation, and Programming System |
| IFSP/IEP Development |
| Writing quality goals and objectives |
| Monitoring Child Progress |
| Team Collaboration |
| Involving Related Service Personnel in Assessment, Intervention, Evaluation |
| Program Evaluation |
| **Component 2:**<br>**Naturalistic Intervention Approaches** |
| Activity Based Intervention: An introduction |
| Environmental Arrangement |
| Intervention Strategies |
| Curricular Modification and Adaptation |
| Data Collection Systems |
| Embedding Naturally Occurring Antecedents and Consequences |
| Home Consulting with ABI |
| Collaborative Intervention Planning |
| Involving Related Service Personnel in Naturalistic Intervention Approaches |
| **Component 3:**<br>**Family Involvement** |
| Family Involvement in Administering, Scoring, and Interpreting Programmatic Assessments |
| Communicating with Families |
| Working with Diverse Family Structures |
| Preparing the Family for the IFSP/IEP Process |

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Table 1, continued

| Component 3: Family Involvement, continued |
|---|
| The Family's Role on the Intervention Team |
| Collaborative Intervention Planning |
| Home Visiting |
| Adapting the Curriculum for the Home Setting |
| Involving Families in Progress Monitoring and Program Evaluation |
| Service Coordination |

needed to meet identified outcomes and objectives. Follow-up activities that might occur following training included additional site visits, providing additional training materials or resources, contact and support via telephone, mail and/or e-mail. The goal of project staff was to utilize the most cost effective and efficient methods to provide follow-up as the Site/Region Trainees prepared for implementation of the training model and Stakeholder Trainers prepare for training of additional Site/Region Trainees.

Formative evaluation procedures occurred after following-up activities to determine if needs had been addressed. The CTP was reviewed in order to determine if original objectives had been achieved. If follow-up included additional training, participants completed the Self-Rating Questionnaire and the Training Satisfaction Survey.

Phase Four: Summative Evaluation and Dissemination. The Stakeholder Trainers and the Site/Region Trainees contributed summative evaluation information by documenting the level of attainment on each identified objective on their respective

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Collaborative Training Plans. All summative evaluation procedures were managed by the Project Evaluator. In addition, data from the evaluation measures were analyzed in preparation for dissemination at state and national conferences and in journals, monographs and books.

**B. Adoption Sites and Training Activities**

A total of seven states participated in the project, adopting one or more of the components of the training model. The seven states were Alaska, Washington, Oregon, Nevada, Indiana, Louisiana, and Pennsylvania. The number of participating sites/regions varied from state to state. For example, in Alaska training occurred in only one region, Fairbanks. In Louisiana, six parishes participated in the outreach training.

Training activities for each of the states are included in Table 2. A total of 688 participants received training in one of the model training components from outreach staff. Additional Site/Region Trainees received training on model components from identified Stakeholder Trainers in Indiana, Oregon and Pennsylvania. In addition to training, Stakeholder Trainers received training manuals and training tapes to aid them in providing training within their state.

**Table 2. TRAINING SITES/REGIONS AND ACTIVITIES**

| STATE | SITE/REGION | TRAINING MODEL COMPONENT | TRAINING TOPIC | # of Participants |
|---|---|---|---|---|
| OREGON | Grant's Pass (Gilbert Creek), Region III | Component 1: Linking Assessment, Evaluation, and Intervention | AEPS Training provided by Stakeholder Trainer | |
| | | | Team Collaboration: Communication Skills (1 day) | 21 |
| | | | AEPS (advanced) | 12 |
| | Medford, Region III | Component 1: Linking Assessment, Evaluation, and Intervention | AEPS (skill level) | 39 |
| | Multnomah County, Region VI | Component 1: Linking Assessment, Evaluation, and Intervention | AEPS (skill level) | 30 |
| | | | AEPS (skill level) | 20 |
| | Head Start, Eugene, OR | Component 1: Linking Assessment, Evaluation, and Intervention | AEPS (skill level) | 12 |
| | Albany, Region IV | Component 1: Linking Assessment, Evaluation, and Intervention | Writing quality goals and objectives and data collection | 29 |
| | | Component 1: Linking Assessment, Evaluation, and Intervention | Team Collaboration: Effective Communication, Giving and Receiving Feedback | 20 |
| | Corvallis, Region IV | Component 1: Linking Assessment, Evaluation, and Intervention | Team Collaboration: Effective Communication, Giving and Receiving Feedback | 12 |

| STATE | SITE/REGION | TRAINING MODEL COMPONENT | TRAINING TOPIC | # of Participants |
|---|---|---|---|---|
| **OREGON (cont.)** | Coos Bay, Region IV | Component 1: Linking Assessment, Evaluation, and Intervention | Writing quality goals and objectives and monitoring child progress | 20 |
| | | | Team Collaboration: Effective Communication, Giving and Receiving Feedback | 11 |
| | | | Team Collaboration: Resolving Conflicts | 14 |
| | Young Parent Program, Eugene, OR | Component 1: Linking Assessment, Evaluation, and Intervention | AEPS (1/2 day) | 4 |
| | | | AEPS Follow Up & Consult. | 3 |
| | Salem, OR | Component 1: Linking Assessment, Evaluation, and Intervention | AEPS (advanced) | 23 |
| | Newport, Region IV | Component 1: Linking Assessment, Evaluation, and Intervention | Team Collaboration: Effective Communication, Giving and Receiving Feedback | 18 |
| **WASHINGTON** | Northwest ESD | Component 1: Linking Assessment, Evaluation, and Intervention | AEPS & ABI (awareness level) | 60 |
| | ESD 123 - Pasco | Component 1: Linking Assessment, Evaluation, and Intervention | AEPS (skill level) | 25 |
| | Oak Harbor | Component 1: Linking Assessment, Evaluation, and Intervention | AEPS (skill level) | 30 |
| | | | AEPS (advanced) | 20 |



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| STATE | SITE/REGION | TRAINING MODEL COMPONENT | TRAINING TOPIC | # of Participants |
|---|---|---|---|---|
| **WASHINGTON (cont.)** | Bellingham | Component 1: Linking Assessment, Evaluation, and Intervention | AEPS (skill level) | 25 |
| | | | AEPS (advanced) | 12 |
| | Lake Stevens | Component 1: Linking Assessment, Evaluation, and Intervention | AEPS (skill level) | 13 |
| **LOUISIANA** | Statewide | Component 1: Linking Assessment, Evaluation, and Intervention | Meeting with Louisiana State University regarding eligibility requirements for the state | |
| | Baton Rouge (South Downs School) | Component 1: Linking Assessment, Evaluation, and Intervention | AEPS (skill level)<br>Monitoring child progress | 11 |
| | | | Individual classroom consultation (data collection) | 11 |
| | | Component 2: Naturalistic Intervention Approaches | Activity Based Intervention and classroom consultation | 11 |
| | West Monroe | Component 1: Linking Assessment, Evaluation, and Intervention | AEPS (skill level)<br>Family Involvement | 22 |
| | | Component 1: Linking Assessment, Evaluation, and Intervention | AEPS (skill level) | 16 |
| | Alexandria | Component 1: Linking Assessment, Evaluation, and Intervention | AEPS (skill level) | 12 |
| | Bastrop | Component 1: Linking Assessment, Evaluation, and Intervention | AEPS (skill level) | 14 |

| STATE | SITE/REGION | TRAINING MODEL COMPONENT | TRAINING TOPIC | # of Participants |
|---|---|---|---|---|
| **PENNSYLVANIA** | Pittsburgh | Component 1: Linking Assessment, Evaluation, and Intervention | AEPS & Activity Based Intervention | 20 |
| | | Component 2: Naturalistic Intervention Approaches | Linked System, Writing Goals & Objectives, Assessing Groups of Children, Data Collection Systems | 14 |
| | | | Train-the-Trainers Training: AEPS & ABI | 7 |
| **NEVADA** | Reno | Component 2: Naturalistic Intervention Approaches | Activity Based Intervention & Collaborative Intervention Planning | 25 |
| **INDIANA** | Indianapolis | Component 1: Linking Assessment, Evaluation, and Intervention | AEPS (skill level) | 26 |
| | | Component 2: Naturalistic Intervention Approaches | AEPS Curriculum & Activity Based Intervention | 13 |
| **ALASKA** | Fairbanks | Component 1: Linking Assessment, Evaluation, and Intervention<br><br>Component 3: Family Involvement | Linked System, Program Evaluation, Family Involvement | 13 |

## VII. METHODOLOGICAL OR LOGISTICAL PROBLEMS

The overarching goal of this project was to disseminate information and strategies garnered from our demonstration project to selected sites to assist them in making systems level changes that will improve services to young children with disabilities and their families. In spite of a few logistical problems, this overarching goal was achieved. This section will discuss the logistical problems encountered during implementation of the project as well as how they were resolved.

Our first goal was to assist, state, regional and program personnel including parents in the identification of needs and the development of a Collaborative Training Plan to systematically meet those needs. Our intended procedure to address this goal was to utilize a top-down model to identify training needs and develop a Collaborative Training Plan. During Phase One of the project we engaged in dialogues between the project coordinator and Part C and Part B coordinators. These conversations were intended to help determine content and approaches that would best meet overall state needs. We had hoped that these conversations would identify a group of Stakeholder Trainers who would participate in initial training from project staff.

With the exception of the state of Indiana, most Part B and C coordinators were unable to identify a coordinated group of personnel to serve as trainers for the entire state. Rather, they identified regional coordinators as a second point of contact who may be interested in training offered by this project. Although Part C and B coordinators were aware that training needs existed for local personnel, there was no statewide system to assess those needs. Part C and B coordinators were not adequately familiar with specific training needs of regional and local personnel to be able to address those

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With the exception of the state of Indiana, most Part B and C coordinators were unable to identify a coordinated group of personnel to serve as trainers for the entire state. Rather, they identified regional coordinators as a second point of contact who may be interested in training offered by this project. Although Part C and B coordinators were aware that training needs existed for local personnel, there was no statewide system to assess those needs. Part C and B coordinators were not adequately familiar with specific training needs of regional and local personnel to be able to address those

needs on a state-wide level. Unless the state had a system to identify training needs and a method to address those needs, the top-down model did not facilitate identification of potential training sites. In spite of this revelation, we were able to adequately identify sites in each state that had training needs in the areas of project focus.

Our second objective was to provide information, skill training and support to selected personnel (including administrators, parents, supervisors, and lead teachers) to prepare them to serve as Stakeholder Trainers for other designated Site/Region Trainees -- A train-the-trainer model. By utilizing a train-the-trainer model we hoped to avoid a one-shot training approach. We felt that in order to have the most impact on services to children with disabilities and their families we would need to have a system to ensure on-going impact of training. The train-the-trainer approach would provide Stakeholder Trainers with information and back up support so they can return to their individual sites/regions and pass along the learned information designed to produce systems level changes (i.e., a train-the-trainers model).

With the exception of Indiana and individual regions in Pennsylvania and Washington, sites were neither prepared nor ready to commit to identifying a core group of trainers to meet the requirements of this model. To address this problem Project staff decided to select sites based on strict criteria in order to facilitate systems-level change and to sustain that change. The most important selection criterion was based on the site's commitment to adopt our model. Sites seeking basic information about our approach or undecided about the approach they would adopt were not considered for training. For example, if a site was not sure they wished to implement an activity-based

approach to early intervention, they were guided to selected resources to examine first. Once sites decided they would adopt our model they were considered for training. Even though most sites were not able to identify Stakeholder Trainers, we felt that their commitment to the model would likely increase their ability to change and sustain change.

In summary, there were very few departures from the original planned activities and how the goals of the project would be implemented. These departures included 1) methods for identifying training sites and 2) adoption of the train-the-trainer model. We feel that neither of these modifications produced a significant impact on the achievement of our goals. Instead, our flexibility and willingness to adjust to the needs of the sites enhanced our ability to effect systems level change.

## VI. EVALUATION FINDINGS

The project employed both formative and summative evaluation measures to evaluate the goals of the project. The measures included 1) Collaborative Training Plan, 2) Self-evaluation measure, and 3) Training Satisfaction survey. There were five evaluation questions felt to be important to determine impact of training efforts which are presented in Table 3 with the corresponding evaluation measure.

Table 3. Research Questions and Measures

| Research Question | Measure |
|---|---|
| 1. Were the participants satisfied with the training content, presentation and presenters? | Training Satisfaction Survey |
| 2. Did the participants find each training topic applicable to their roles and settings? | Training Satisfaction Survey |
| 3. Did the training result in a change in perceived knowledge level of the participants? | Self-Rating Questionnaire |
| 4. To what degree did participants perceive themselves as ready to implement the model? | Self-Rating Questionnaire |
| 5. Were self-identified training outcomes met? | Collaborative Training Plan |

This following section includes a description of each measure along with results obtained from each.

**Question 1: Were the participants satisfied with the training content, presentation and presenters?**

The Training Satisfaction Survey was used to answer this research question. Participants were asked to rate the training on three separate dimensions: 1) content (e.g. useful and functional), 2) presentation of material (e.g. organized and clear) and 3) presenters (e.g. knowledgeable and responsive). The rating on each of these three dimensions was based on a 5-point scale. A copy of the Training Satisfaction Survey is contained in Appendix A. Data pooled from all the trainings are presented in Table 4. Results indicated that the trainings provided by project staff met or exceeded their expectations on all three dimensions.

Table 4. Evaluation of Training

| | Mean [a] | Standard Deviation |
|---|---|---|
| Content | 3.74 | .86 |
| Presentation | 3.92 | .88 |
| Presenters | 4.1 | .87 |

[a] Scale 1-5 with 5 being the highest rating

**Question 2: Did the participants find each training topic applicable to their roles and settings?**

In addition to ratings on the content, presentation, and presenters of the training, the Training Satisfaction Survey contained a 7-point scale intended to identify the utility of each training topic to the individual participant. Table 5 contains the results of this measure for each state participating in the project as well as data from all trainings.

Table 5. Participant Perception of Utility of Training

| State | n[a] | Ratings[b] | | | | | | | Mean | Standard Deviation |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | |
| Oregon | 1105 | 19 | 82 | 5 | 8 | 362 | 481 | 148 | 5.66 | 1.24 |
| Washington | 937 | 11 | 73 | 5 | 1 | 252 | 413 | 182 | 5.65 | 1.28 |
| Louisiana | 382 | 2 | 1 | 0 | 2 | 133 | 182 | 62 | 5.81 | 1.02 |
| Pennsylvania | 229 | 5 | 2 | 0 | 2 | 45 | 98 | 77 | 5.94 | 1.16 |
| Nevada | 145 | 2 | 11 | 2 | 1 | 30 | 57 | 42 | 5.94 | 1.07 |
| Indiana | 137 | 0 | 7 | 0 | 2 | 47 | 40 | 41 | 5.92 | 1.12 |
| Alaska | 113 | 1 | 12 | 2 | 0 | 31 | 54 | 13 | 5.93 | 1.03 |
| TOTAL | 3048 | 40 | 188 | 14 | 16 | 900 | 1325 | 565 | | |

[a] n reflects the number of topics rated within each training rather than the number of participants in the training.

[b] Ratings Key: 1 – Has doubtful utility in my setting
2 – Understood, but I knew already
3 – I don't recall this was presented
4 – Presented, but I didn't understand it
5 – I can use this, but need practice
6 – I intend to use this or gain more information
7 – I intend to try to convince others the merits of this

Results indicate that participants' mean rating of the utility of the training was almost 6. These data indicate that most participants reported that the information presented in the training useful to them. Most participants across states felt ready to use the information or gain more information. The next highest rating (5) indicated participants could use the information but needed more practice suggesting the need for follow-up training or technical assistance to help participants who are new to the model implement it with confidence.

**Question 3: Did the training result in a change in perceived knowledge level of the participants?**

The Self Rating Questionnaire was intended to identify the level of knowledge and skill on each topic of each participant. The Self-Rating Measure was administered prior to training and immediately after the training. Participants were asked to rate their knowledge on each topic using a 5-point Likert scale. Two ratings on the Self-Rating Questionaire were 1) knowledge on topic prior to training, 2) knowledge of topic immediately after training. A copy of the Self-Rating Questionnaire can be found in Appendix A.

Self-rating measures were statistically analyzed using a paired-sample t-test for each state. Table 6 provides statistical analysis of the Self-Rating Questionnaire. Significant differences between pre-training and post-training means indicate participants had gained knowledge on target content as a result of the training.

**Question 4: To what degree did participants perceive themselves as ready to implement the model?**

A third rating from the Self-Rating Questionaire was used to measure participants' readiness to implement the content of each topic. A state-by-state analysis of these data are presented in Table 7.

Table 6. Comparison of pre-training and post-training means across states

| State | Pre-Training Mean (SD) | Post-Training Mean (SD) | df | t Statistic |
|---|---|---|---|---|
| Oregon | 2.78 (1.5) | 3.96 (.9) | 1125 | 35.14*** |
| Louisiana | 1.82 (1.20) | 3.88 (1.59) | 445 | 27.40*** |
| Washington | 1.88 (1.19) | 3.69 (1.38) | 573 | 29.46*** |
| Pennsylvania | 2.56 (1.04) | 3.91 (1.56) | 278 | 16.454*** |
| Indiana | 2.57 (1.34) | 3.86 (1.06) | 227 | 15.44*** |
| Nevada | 2.75 (1.29) | 3.94 (1.92) | 125 | 8.84*** |
| Alaska | 2.7 (1.18) | 3.96 (.52) | 89 | 11.52*** |

*** = significant p >.05

Table 7. Readiness to Implement on Self-Rating Measure

| State | Mean Rating[a] | Standard Deviation |
|---|---|---|
| Oregon | 3.86 | .95 |
| Washington | 3.78 | .91 |
| Indiana | 4.0 | .79 |
| Louisiana | 3.7 | .8 |
| Nevada | 4.21 | .07 |
| Pennslavania | 3.84 | .85 |
| Alaska | 3.69 | .99 |

[a] Scale 1-5 with 5 being the highest rating

**Question 5. Were self-identified training outcomes met?**

The Collaborative Training Plan (CTP) is a working document developed cooperatively by the Stakeholder Trainers and Project Liaison and is similar to an Individualized Education Plan/Individualized Family Services Plan. The CTP was used to provide summative information concerning the impact of the project. A sample CTP is contained in Appendix A.

Administrators at each training site participated in the development of the CTP. The CTP directed the development of training content, tailoring the content of the training to the individual needs of the site. In addition, the CTP was used to develop long-term objectives for the training participants. That is, each site developed outcomes they hoped to achieve toward implementation of the model after the training was complete.

At a designated time following training, CTP's were mailed back to each site for rating on each individualized outcome. Sites rated their progress toward each objective using a goal attainment scaling (1 - most unfavorable, 2 - less than expected, 3 - expected level, 4 - greater than expected, 5 - most favorable). Five sites chose to rate themselves following training on how well they achieved their objectives. Table 8 presents the results of these ratings.

A low return rate for the CTP's was disappointing since the CTP was felt to be an important measure of sites' progress toward self-identified goals and an indicator of long-term impact of training efforts. Future training efforts should emphasize strategies to facilitate a more consistent use of the CTP by the training sites.

Table 8. Goal Attainment Scaling on CTP [a]

| Site | Number of Objectives | Mean Rating | Standard Deviation |
|---|---|---|---|
| Fairbanks, AK | 4 | 3 | .81 |
| Bellingham. WA | 6 | 3.66 | 1.21 |
| Indianapolis, Indiana | 2 | 3.5 | .7 |
| Oak Harbor, WA | 1 | 1 | 0 |
| Toddler Learning Center, WA | 1 | 2 | 0 |
| TOTAL | 14 | 3.14 | 1.16 |

[a] Scale 1-5 with 5 being the highest

## IX. PROJECT IMPACT

Through the three-year funding cycle a number of products have been generated to support participants as they implement the model and as they train others to implement the model. Participants committed to training others were provided with a Training Manual on Linking Assessment, Intervention, and Evaluation. This manual contains topics to help service delivery personnel implement our model, a linked system approach to early intervention. Trainers also received training videotapes produced by the project. Other products developed include assessment forms and to facilitate administration of the Assessment, Evaluation, and Programming System (Bricker, 1993). Table 9 lists the products.

Table 9. Products

| Product | Description/Purpose |
|---|---|
| Assessment Activity Plans for the Assessment, Evaluation, and Programming System (AEPS)<br>• For 4 Children<br>By Domain<br>By Script<br>• For 16 children<br>By Domain<br>By Script | Detailed plans which include materials and procedures designed for classrooms used to assess groups of children in a naturalistic environment during planned activities |
| Group Assessment protocols for the AEPS | AEPS test protocols used to assess groups of children using one protocol. This form facilitates ease in administration of the AEPS to a classroom of children. |
| Criteria Protocols | AEPS test protocols which include test criteria next to each test item. Used to assist new users of the AEPS to become familiar with item criteria |
| Criteria Help Sheets | A supplemental document to be used with AEPS test protocol. Used to assist facilitate administration of the AEPS and help administrators learn test criteria without use of test ;manual |
| Cognitive Domain Help Sheet | A supplemental document to be used with AEPS test protocol to promote ease of scoring on concepts within the cognitive domain of the AEPS |
| Practice Scoring Videotapes<br>▪ 0-3 One child, One domain<br>▪ 0-3 One child, multiple domains<br>▪ 0-3 Multiple children, multiple domains<br>▪ 3-6 One child, multiple domains<br>▪ 3-6 Multiple children, multiple domains<br>▪ 0-3 Social-Communication Domain<br>▪ 3-6 Social Communication Domain<br>▪ Intervention Strategies associated with Activity-Based Intervention | To support training for a wide variety of participant skill levels |

## X. FUTURE ACTIVITIES

Since the completion of the grant several activities have occurred. First, a new outreach proposal, Creating and Sustaining Change Across Diverse Early Intervention Settings (CASCADES), was submitted and approved for funding. The CASCADES Project has identified three new replication sites: West Virginia, Kansas and Maine. West Virginia and Kansas have adopted the Assessment, Evaluation, and Programming System (AEPS) as one of their statewide assessments and have identified Stakeholder Trainers who will provide ongoing training within their states.

Second, additional training materials are being developed to support Stakeholder Trainers. For example, new training tapes are being developed to support training on the AEPS and Activity Based Intervention.

Third, a website is being developed to support sites who have received training in one of the model training components and share information about replication sites.

The last activity is the development of the 2nd edition of the Assessment, Evaluation, and Programming System (AEPS). A number of sites from this project chose systems level change in the area of Linking Assessment, Evaluation, and Intervention and adoption of the AEPS. These sites have provided valuable feedback about the utility of the AEPS in their programs and this information has been utilized to complete revisions for a 2nd edition.

## XI. ASSURANCE STATEMENT

A full copy of this final report has been sent to the ERIC/OSEP Special Project of the ERIC Clearinghouse on Handicapped and Gifted Children, and a copy of the title page and executive summary have been sent to the NEC*TAS Coordinating Office.

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## APPENDIX A

**Evaluation Measures:**

**State Demographic**
**Collaborative Training Planning**
**Training Satisfaction Survey**
**Self-Rating Questionnaire**

**Creating Systems Change To Improve Services for Young Children with Disabilities and Their Families**

**State Demographic**

The purpose of this questionnaire is to get an overall picture of how your state delivers services to young children with disabilities and their families and to gain an understanding of your statewide policies and procedures.

State:_____

Name of State Coordinator:_____

Part B _____Part C _____ Other (please specify) _____

Title:_____

Address:_____

_____

_____

Phone Number:_____

FAX Number:_____

e:mail Address:_____

1. Who is the lead agency responsible for providing services for:

   Birth to Three _____

   Three to Six Years _____

2. Please describe how your state is divided in terms of providing services. For example, list the districts, areas, parishes or regions within your state.



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3. Please describe how children in your state are identified for services including the following information:

a. Please list and describe the type of agencies (e.g., private, public state agency) involved in identifying children who are eligible for services.

b. Please list the key personnel (e.g., members of the multi-disciplinary team, early interventionists, psychologists, speech/language specialists) involved in identifying children who are eligible for services.

c. Please describe the services provided (e.g., screening, diagnostic evaluation, case management, program placement) by the agencies involved in identifying children who are eligible for services.

4. Please describe your statewide eligibility requirements.

5. Please describe how IFSPs/IEPs are developed in your state including the following information:

a. When is the IFSP/IEP written and by whom?

b. Are there statewide policies and procedures directing the process and form of how IFSPs/IEPs are written or are these decisions made on a regional or district wide basis? Please describe.

6. In your state, who is responsible for working with families to determine program placement for children?

7. Please check all service delivery options offered in your state

Center-based _____ Home-based _____

Inclusive Settings _____ Consultative _____

Self-Contained Settings _____ Other _____

8. Is there anything you would like to add about the way services are delivered in your state?

## Creating Systems Change to Improve Services to Young Children with Disabilities and Their Families

## Collaborative Training Plan

| State | | Date Initiated: |
|---|---|---|
| Region: | | Type/Date of Training (e.g. Stakeholder Trainer, Site/Region Trainees, Follow-Up) |
| Participants: | | 1. |
| Name: | Title/Role: | 2. |
| 1. | | 3. |
| 2. | | 4. |
| 3. | | 5. |
| 4. | | Review Dates: |
| 5. | | 1. |
| 6. | | 2. |
| 7. | | 3. |
| 8. | | 4. |

| Training Content | | | |
|---|---|---|---|
| **Component Requested** (Check all that apply) | **Training Topics Selected** (See Menu for available topics under each component) | Method of Implementation (Training, Modules, Video, etc.) | Person Responsible |
| • Linking Assessment, Intervention and Evaluation<br><br>• Naturalistic Intervention Approaches<br><br>• Family Involvement<br><br>• Training Skills: | | | |

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| OUTCOME _____: | [redacted] | Progress Toward Objectives (Goal Attainment) |
|---|---|---|
| Training Objective/Activities | Evaluation Plan (Criteria for Meeting Objective) | 1 = Most unfavorable; 2=Less than expected; 3=Expected level; 4 =Greater than expected; 5 =Most favorable |
| | | 1 2 3 4 5 |
| | | 1 2 3 4 5 |
| | | 1 2 3 4 5 |
| | | 1 2 3 4 5 |
| | | 1 2 3 4 5 |
| | | 1 2 3 4 5 |
| | | 1 2 3 4 5 |
| | | 1 2 3 4 5 |

## TRAINING SATISFACTION SURVEY

**Creating Systems Change to Improve Services to Young Children with Disabilities**

COURSE OBJECTIVES

| | Has doubtful utility in my setting. | Understood, but I knew this already. | I don't recall this was presented. | Presented, but I didn't understand it. | I can use this, but need practice. | I intend to use this or gain more information. | I intend to try to convince others the merits of this. |
|---|---|---|---|---|---|---|---|
| Linked System | | | | | | | |
| Best Practices in Family Involvement | | | | | | | |
| Evaluating Program Effectiveness | | | | | | | |
| Designing Data Collection Systems | | | | | | | |
| Evaluating Family Satisfaction | | | | | | | |
| Purposes of Assessment | | | | | | | |
| Summarizing Assessment Results | | | | | | | |
| Writing Quality Goals and Objectives | | | | | | | |
| Communicating with Families | | | | | | | |

| | Much less than expected | Less than Expected | Met Expectation | Greater than Expected | Much Greater than Expected |
|---|---|---|---|---|---|
| CONTENT (e.g., useful, functional) | 1 | 2 | 3 | 4 | 5 |
| PRESENTATION (e.g., organized, clear) | 1 | 2 | 3 | 4 | 5 |
| PRESENTERS (e.g., knowledge, responsive) | 1 | 2 | 3 | 4 | 5 |

What were the strongest aspects of the workshop?

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I would improve or change the workshop by:

## Self Rating Questionnaire

Location: Date: Have you had previous trainings on the AEPS? Y N

Where? When?

| Training Components and Topics | Circle Current Knowledge Level (1-none to 5-high) | Circle Knowledge Level Following the Training(s) (1-none to 5-high) | Circle Level of Readiness to Implement (1-none to 5-high) |
|---|---|---|---|
| | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |



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